

REPORT OF ADOPTION

Do not post this form on any website or alter it in any way.

If the revision date on this form is over a year old, contact the State Vital Records Office to assure that you are using an acceptable version.

- Type or print in **BLACK INK**. Do **NOT** cross-out, write-over, erase, use correction fluid, or correction tape. If a mistake is made, prepare a new form.
- The clerk of court or deputy shall require the agency or attorney to complete Parts I - IV before the final decree of adoption is entered.
- The clerk of court or deputy completes Part V - VII and insures that the completed, signed and sealed report is sent to the State Registrar.
- If you have questions regarding this form, call 608-267-7166.**

PART I TYPE OF ADOPTION (Check one.) <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Single Mother <input type="checkbox"/> Single Father <input type="checkbox"/> Married Couple					
PART II CHILD'S NEW NAME AS SET FORTH IN DECREE					
FIRST NAME		COMPLETE MIDDLE NAME		LAST NAME	
				TITLE (e.g., Jr., I, II)	
PART III INFORMATION ABOUT PARENTS AFTER THE CHILD'S ADOPTION (If Stepparent Adoption, both parents need to be listed).					
MOTHER	MOTHER'S FULL CURRENT NAME (FEMALE ONLY)				
	First Name		Complete Middle Name		Current Last Name
					Birth Date (Month / Day / Year)
MOTHER	MOTHER'S FULL BIRTH NAME (As It Appears On Her Birth Certificate)				
	First Name		Complete Middle Name		Birth Last Name
					State of Birth (If not USA, name of Country)
MOTHER	MOTHER'S RESIDENCE AT THE TIME OF THE CHILD'S BIRTH (If Single Father Adoption, Residence needs to be completed).				
	State	County	Name of City, Village, or Township		Check one.
					<input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village
FATHER	FATHER'S FULL CURRENT NAME (MALE ONLY)				
	First Name		Complete Middle Name		Current Last Name
	FATHER'S FULL BIRTH NAME (As It Appears On His Birth Certificate)				
	First Name		Complete Middle Name		Birth Last Name
				Title (e.g., Jr., I, II)	
Birth Date (Month / Day / Year)		STATE OF BIRTH (If not in USA., name of Country)			
VERIFICATION OF ABOVE	SIGNATURE - Mother Verifying Above Data			SIGNATURE - Father Verifying Above Data	
VERIFICATION OF ABOVE	PRESENT COMPLETE MAILING ADDRESS OF ADOPTIVE PARENT(S) (Street Address/City/State/Zip Code)				DAYTIME TELEPHONE NUMBER
					()
PART IV BIRTH INFORMATION NEEDED TO LOCATE THE CURRENT BIRTH CERTIFICATE ON FILE					
CHILD'S PERSONAL DATA	CHILD'S FULL BIRTH NAME - First Name		Complete Middle Name	Birth Last Name (as on birth certificate)	Title
					BIRTH DATE (Month / Day / Year)
CHILD'S PERSONAL DATA	SEX (Check one.) <input type="checkbox"/> Male <input type="checkbox"/> Female		BIRTHPLACE - City, Village, or Township		County
					State (* See note at bottom of Pg 2)
BIRTH PARENT'S DATA	BIRTH MOTHER'S FULL BIRTH NAME (as it appears on the child's birth certificate)				
	First Name		Complete Middle Name		Birth Last Name
	BIRTH FATHER'S FULL BIRTH NAME (as it appears on the child's birth certificate)				
BIRTH PARENT'S DATA	First Name		Complete Middle Name		Birth Last Name
					Title (e.g., Jr., I, II)

PART V COURT DIRECTIVE

A New Birth Certificate for this child:

- ☐ is to be created
☐ should not be created and no changes to the existing record
☐ should not be created and the existing record is to show the child's name change as follows:

First Name	Complete Middle Name	Last Name	Title (e.g., Jr., I, II)
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REGARDING ADULT ADOPTIONS WITH NAME CHANGE:

A PERSON THAT IS REQUIRED TO REGISTER AS A SEX OFFENDER MAY NOT CHANGE HIS OR HER NAME, Pers. 301.45, Wis Stats. (Class H felony).

PART VI AMENDMENT (Complete this section if an Amendment is needed to the previous Report of Adoption.)

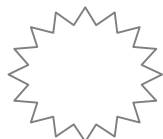
- ☐ See Part _____ of this form.
- ☐ The following item has been amended from the previous Report of Adoption (must list the same Court Case Number).

Name of Item	New Amended Information
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PART VII CERTIFICATION OF CLERK OF COURT OR DEPUTY

Case Number (MANDATORY)	Effective Date of Adoption (Month/Day/Year)	Amendment Order <input type="checkbox"/> Adoption has been Amended	Effective Date of Amendment (Month/Day/Year)
Branch Number	County	City	State

Court Seal Must
Be Present



I hereby certify that an order has been granted for the adoption of the child identified in Part II above by the parent(s) identified in Part III above

SIGNATURE _____ Date Signed _____
(Signature of Clerk of Court or Deputy) (Month/Day/Year)

COURT SEAL

NAME (Typed or Printed) – Clerk of Court or Deputy _____

PART VIII FEE AND MAILING INFORMATION (Complete this section only if this report is to be filed in Wisconsin Vital Records.*)

- ☐ Fee to File this Report of Adoption \$ 20.00 _____
- ☐ Fee to file an Amendment to the Report of Adoption..... \$ 10.00 _____
- ☐ One certified copy of the new birth certificate \$ 20.00 _____
- ☐ Each additional copy of the new birth certificate issued at the same time as the first copy X \$ 3.00 _____
No. of Copies

Make check or money order payable to: **State of Wis. Vital Records**

TOTAL _____

Send this properly completed, signed, sealed form and a check or money order to:

State Vital Records Office / ATTN: Adoptions / P.O. Box 309 / Madison, WI 53701-0309

SEND CERTIFIED COPY OF NEW BIRTH CERTIFICATE TO: (Check one if ordering a copy.)

- ☐ Adoptive Parents in Part III ☐ Attorney / Agency / Name and Address Below

ADDRESSEE NAME	DAYTIME TELEPHONE NUMBER ()		
COMPLETE MAILING ADDRESS – Street Address or P.O. Box	City	State	ZIP Code

- If the child was born in **Wisconsin**, send this completed form and a check or money order to the Wisconsin State Vital Records Office at the address listed above.
- If the child was born in the U.S.A., but **not in Wisconsin**, send this report to the proper authorities in the birth state. Fees may vary from state to state. Please see the following website for other states Vital Records
<http://www.cdc.gov/nchs/w2w.htm> .